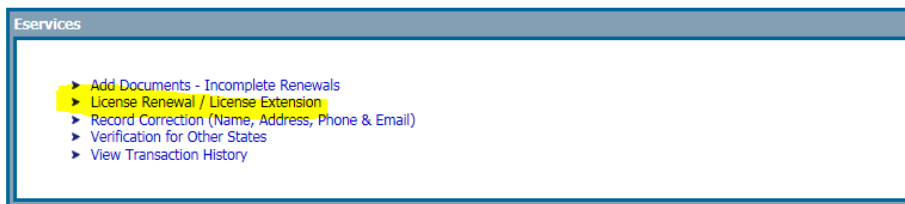


How do I renew my License/Master License as a Diabetes Educator (LDE/MLDE)?

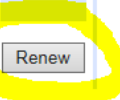
- **Our office recommends to submit your renewal at least *2 weeks in advance* of the *November 1st deadline*.**

Several thousands of licensees across different licensure boards renew around this same time of year through this office. Please be aware our Board Administrator may not be able to answer every phone call. Email is best for any questions if you are able to do so: Kelly.Walls@ky.gov. Voice messages and emails will be responded to in the order they are received, within approximately 1-3 business days during the renewal period. Thank you for your understanding during this busy time!

- **If you would like to inquire about going on “INACTIVE” status or wish to voluntarily “TERMINATE” your license**, please email our Board Administrator at Kelly.Walls@ky.gov for further information.
- **We strongly encourage you to set aside *uninterrupted time* to submit your renewal early and *have all of your CE course information* (course name, completion date, CE course provider name, amount of hours) *ready to enter*.** The online system DOES NOT SAVE YOUR PROGRESS should you leave the computer and let it time out.
- **It may be difficult to submit your online renewal using an iPad, iPhone, or other Apple device.** We recommend to try using a different mobile device or a desktop computer if you are encountering any issues.
- ***NOTICE to SUPERVISORS of APPRENTICES* ---- IT IS THE APPRENTICE’S RESPONSIBILITY TO NOTIFY THEIR SUPERVISOR(S) IN ORDER FOR THEIR APPRENTICE RENEWAL TO BE COMPLETED.** Supervisors must log into their own online eServices account, and select the “Supervision” option from the main page to review and approve their apprentices’ supervision information.
- **Renewals must be submitted via your online eServices account.** Direct link:
<https://oop.ky.gov/Eservices/Default.aspx>
 - Most licensees have already set up a username and password from **last year’s** renewal, if you cannot remember your username or password (case sensitive), or need your unique identifying “OP ID” number, please email our Board Administrator at Kelly.Walls@ky.gov
- **Once you get logged in, select the “License Renewal” option from the main menu:**



- **Click the “Renew” button off to the right-hand side that corresponds with your credential as issued by the Board of Licensed Diabetes Educators:**

Board Name	License Type	Notice Date	Original Amount	Penalty Late Amount	Amount Paid	Total Amount Due	
Board of Licensed Diabetes Educators		7/2/2017	50	0	0	50	

This document is to only be used as a guide, not an interpretation of the law. To read the law in its entirety see Kentucky Revised Statutes KRS 309.325 to KRS 309.339 and Kentucky Administrative Regulations 201 KAR 45:001 to 201 KAR 45:180.

- You will need to update your information with at least your **birth date**, if it is not already on file by selecting **“YES”** for the question **“Do you wish to update your name/birth date/address/phone/email information?”** You can make any other contact/business information changes on this page. If you would like for any of your information to be made public, as to be searched in our licensee directory, you may click **“*Public Viewable – Yes”** where applicable. Otherwise, you may select **“*Public Viewable – No”**.

Renewal /Extension Information

Board	License Type	Calendar Year	Renewal /Extension Paid	Response Received	Notice Date	Original Amount Due	Penalty Late Amount	Amount Paid	Total Amount Due
Board of Licensed Diabetes Educators		2017	No	No	7/2/2017	50	0	0	50

Do you wish to update your name / birth date / address / phone / email information ? ☒ Yes ☐ No

Licensee Name

First Name	Middle Name	Last Name	Prefix Name	Suffix Name	Birth Date	Gender
A-	-	C-	-	-		

First Name Middle Name Last Name Prefix Name Suffix Name Birth Date Gender

(MM/DD/YYYY)

When you are done making changes, SCROLL ALL THE WAY DOWN to the very bottom to select **“Continue”**.

Select

Primary ☐ Yes ☐ No

* Public Viewable ☐ Yes ☐ No

Add New Phone/Fax

Email Information

Business Email

Board - License Type Email Flags

Board of Licensed Diabetes Educators

Primary : Yes Public : No

Primary ☐ Yes ☐ No

* Public Viewable

Personal Email

Board - License Type Email Flags

Board of Licensed Diabetes Educators

Primary : Yes Public : No

Primary ☐ Yes ☐ No

* Public Viewable

Email

* Public Viewable ☐ Yes ☐ No

Add New Email

Continue

- After clicking the **“Continue”** button, the next screen will ask you a few questions – please select **“Yes”** or **“No”** for each question.

1. If you are **not currently practicing** and select **“No”** for this question, your license status will be changed to **“Active - Not practicing”** and will immediately end any supervision with your current supervisor(s) if applicable. You are still required to enter your 15 hours of continuing education, as well as pay the annual renewal fee.

2. If you select **“Yes”** for questions #2 and/or #3, you will need to **UPLOAD** documentation from your computer/mobile device such as a Word or PDF document. If applicable, **please upload a signed affidavit** explaining the conviction and/or disciplinary action and the outcome of the conviction and/or disciplinary action. *This documentation will need to be reviewed by the Board after you submit your renewal. You will receive an email notification *after* the Board has had a chance to review, informing you of your approval status.

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- List of Apprentice Diabetes Educators Employed by [REDACTED]

Please select the appropriate box if you want to execute the **approve or remove** action.

Remove	Name	License #	Hours of supervised work experience	From	To	Approve
<input type="checkbox"/>	Melissa R. Begley	14	305	9/29/2016	10/14/2016	<input type="checkbox"/>
<input type="checkbox"/>	Priscilla C. [REDACTED]	164307	344	11/1/2015	10/31/2016	<input type="checkbox"/>


- You may list hours carried over from last year's renewal (no more than 15 hours may be carried over). The annual CE accrual period shall be from November 1 of each year to October 31 of the next year.

Continuing Education

Each Licensee shall obtain a minimum of fifteen (15) continuing education hours during the licensure year. All hours education hours attended for two (2) years after attending a course.

List Below the units of continuing education obtained, INCLUDING DATE AND HOURS COMPLETED. Incomplete forms will maintain all documentation.

List hours carried over from last year's renewal (No more than fifteen (15) may be carried over)

Course Name	<input type="text"/>	
Completion Date	<input type="text"/>	 (MM/DD/YYYY)
Provider Name	<input type="text" value="Select Approved Provider"/>	
Course Hours	<input type="text"/>	

I, the applicant in the above, do hereby certify under penalty of law that the information contained herein is true, correct and complete. If I knowingly provide false or misleading information, my application could be rejected or my license revoked by the Kentucky Board of Accountancy.

☒ I Agree

You must select “ADD COURSE” after each entry!

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